



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450, on **February 6, 2004**.

Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: February 6, 2004

Paul A. CRONCE, et al.

Confirmation No: 7144

Serial No: 09/503,778

Group Art Unit: 2134

Filed: February 14, 2000

Examiner: Ho, Thomas

For: PORTABLE AUTHORIZATION DEVICE FOR AUTHORIZING USE OF
PROTECTED INFORMATION AND ASSOCIATED METHOD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

FEB 12 2004

Technology Center 2100

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AMENDMENT

Sir:

In response to the Office Action dated November 6, 2003, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.



TRANSMITTAL FORM

Attorney Docket No.

2473P

2134

Re the application of Paul CRONCE, et al.

Confirmation No: 7144

Serial No: 09/503,778

Group Art Unit: 2134

Filed: February 14, 2000

Examiner: Ho, Thomas M.

For: Portable Authorization Device for Authorizing Use of Protected Information and Associated Method

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED FEB 12 2004 Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	37	45	0	\$18.00	\$ 0.00
Independent Claims	10	16	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	February 6, 2004

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Type or printed name	Grace Alicea
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